



OWEN COUNTY BUILDING DEPARTMENT

60 S Main Street
Spencer, Indiana 47460
(812) 829-5017

Permit No:

Class 1 Structures Permit Application

This permit shall be good for one year from the date of issue. If the project is not complete by the date of expiration, then the applicant may re-apply by paying the renewal fee.

I. APPLICANT INFORMATION		
Name:		Phone No.:
Address:		
City:	State:	Zip:
II. ARCHITECT OR ENGINEER INFORMATION		
Name:		Phone No.:
Address:		
City:	State:	Zip:
License No.:		Expiration Date:
III. CONTRACTOR INFORMATION		
Name:		Phone No.:
Address:		
City:	State:	Zip:
Builder License No.:		Expiration Date:
IV. PROJECT INFORMATION:		
Project Type:		
<input type="checkbox"/> New Building <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Repair		
<input type="checkbox"/> Other: _____		
Total Estimated Project Cost:	Project to be used for:	
Location of Project:		
Square Footage of Project:	No. of off-Street Parking Spaces:	

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If the plans and specifications are not being provided by an Engineer or Contractor, please provide below a site plan of the proposed project. The drawing shall provide a sketch drawing of the proposed project including the lot lines and the set back from each lot line.

A large grid of 30 columns and 30 rows, intended for drawing a site plan. The grid is composed of small squares, providing a scale for the drawing.

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I the undersigned hereby certify that any statements and or drawings submitted by myself or agents on my behalf are true and accurate. I furthermore agree to perform or have performed any and all work covered by this permit (when issued) in conformity with the laws, regulations, and all applicable ordinances. I will also ensure that the above project will be contained, conform, and comply to the deed and plot restrictions of the above-named lot. I also hold harmless Owen County and or its employees of any liabilities that may arise as a result of the above project. I by signing below assume all liabilities associated with the above project.

Signature:

Date:

Printed Name:

Title (if applicable):

Office Use Only

Zoning:

- ☐ Residential (select one) ☐ Business ☐ Industrial (select one) ☐ Agricultural ☐ Institutional/Public
- ☐ Estate ☐ Light
- ☐ Single Family ☐ Heavy
- ☐ Multi-Family ☐ Mineral Extraction

Flood Plan:

- ☐ Not in Flood Plain ☐ Floodway ☐ Floodway Fringe

Permit Fee = \$ _____

Total = \$ _____

Paid by ☐ Cash ☐ Check No. _____

Permit Fees:

COMMERCIAL

Commercial Structure \$500.00 + \$0.20 per square foot
For over 2500 square feet

Additions or Alterations to Commercial Structure \$250.00 + \$0.20 per square foot
for over 1250 square feet

Wireless Communication Facilities \$1000.00